

Best Available Copy

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PossForm F  
(Rev. 8)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	102	5531	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		71622	6-21-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	1	7/1/03
2			11/27/05
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11	✓		11/14
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14	✓		11/14
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24	✓		11/14
25	✓		11/14
26	✓		11/14
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35	✓		11/14
36	✓		11/14
37	✓		11/14
38	✓		11/14
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46	✓		11/14
47	✓		11/14
48	✓		11/14
49	✓		11/14
50	✓		11/14

Claim	Final	Original	Date
51	✓	1	7/14/03
52			11/27/05
53			
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65	✓	✓	11/14
66	✓	=	11/14
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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